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ABSTRACT

The report summarizes accomplishments of the Health Education Paraprofessionals program, which provided individual instruction in self-care and hygiene skills to 363 severely to profoundly handicapped students. Nearly all (98%) of participants mastered one or more new skills, as measured on selected strands of the Santa Cruz VORT Behavioral Characteristics Progression or the Track IV Indepth Analysis, and over 80% mastered four or more. New skills were mastered at an average rate of about one skill for every 15 days of program participation. Instruction centered on toileting, grooming, and dressing. Among recommendations identified were the need to provide as much inservice as possible early in the year and the importance of promoting carryover with parents to reinforce self-care and hygiene training. (CL)

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O.E.E. EVALUATION REPORT

E.H.A., Part B
SUPPLEMENTARY SERVICES
FOR HANDICAPPED STUDENTS
HEALTH EDUCATION
PARAPROFESSIONALS PROGRAM

1982-83

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A SUMMARY OF THE REPORT

During the 1982-83 cycle, the Health Education Paraprofessionals program provided individual instruction in self-care and hygiene skills to 363 severely-to-profoundly handicapped students. Student achievement was somewhat improved over the previous cycle in that nearly all (98 percent) of participating students mastered one or more new skills, as measured on selected strands of the Santa Cruz VORT Behavioral Characteristics Progression or the Track IV InDepth Analysis, and over 80 percent mastered four or more. Comparable figures during the previous cycle were 94 and 60 percent. New skills were mastered at an average rate of about one skill for every 15 days of program participation. Instruction was primarily given in toileting, grooming, and dressing.

Observation and interview data revealed that the program was almost fully staffed by October, a marked improvement over the previous cycle. Orientations were conducted in October and the program coordinator visited all sites periodically to provide additional individualized training; classroom teachers provided day-to-day supervision of the program paraprofessionals. In-service workshops, organized around the handicapping conditions of participating students, were held in March and April.

The following recommendations are offered for the further improvement of this needed supplementary service:

- the program should continue to provide as much in-service training as possible early in the year;
- classroom teachers should be encouraged to continue to advise the health education paraprofessionals in effective training techniques; and
- the program should continue to promote contact with parents in order to reinforce self-care and hygiene training.

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I. INTRODUCTION

The Health Education Paraprofessionals program of the Division of Special Education (D.S.E.) of the New York City Public Schools was one of four components funded by the Education for All Handicapped Children Act, Part B (E.H.A.) during 1982-83. As in past cycles the program funded about 100 paraprofessionals who provided self-care and health instruction and outreach services to severely disabled students, ages five to 21.

Results of previous evaluations indicated that the program has operated satisfactorily and has met its student achievement objectives. Recommendations for improvement have stressed the importance of continuing efforts to provide in-service workshops early in the school year to assist staff who may have had no previous experience or training in special education and to encourage classroom teachers to assist health education paraprofessionals with effective training techniques.

Data for the evaluation of the 1982-83 program cycle, which were collected and analyzed by the Office of Educational Evaluation (O.E.E.), included records of pupil progress, observations and interviews with program staff, and program records of staff training. These data were analyzed to address the following evaluation questions:

- To what degree was the program implemented as proposed?
- What were the levels and rates of mastery of self-care and health skills by program participants?

Sections of the report present findings on program implementation, results from pupil achievement records, and conclusions and recommendations.

II. EVALUATION OF PROGRAM IMPLEMENTATION

PROGRAM DESCRIPTION

The Health Education Paraprofessionals program provided instruction in self-care, personal hygiene, and outreach services to 363 pupils, ages five to 21, in 57 elementary- and secondary-level special school sites throughout New York City. Students attended one of the following D.S.E. programs for their basic special education: Occupational Training Centers; Centers for Multiply Handicapped Children; Track IV; Autistic; Teacher Moms; Adult Skills Training Centers; Deaf Retarded; and Health Conservation.

Program staff were 68 toilet-trainer paraprofessionals who trained pupils for greater self-sufficiency in toileting and self-care and 30 hepatitis paraprofessionals who instructed students identified as hepatitis-B carriers in appropriate personal hygiene. Each paraprofessional worked with one to eight students, with most serving two to four students. All paraprofessionals worked under the direct supervision of classroom teachers.

EVALUATION METHODOLOGY

Data on program implementation were collected by an O.E.E. consultant who visited 15 randomly-selected program sites, observed instruction, examined pupil records, and interviewed 19 toilet trainer paraprofessionals, six hepatitis paraprofessionals, 23 classroom teachers, ten unit coordinators, and three principals.

FINDINGS

Instructional Activities

Both toilet-trainer and hepatitis paraprofessionals typically worked individually with students. Toilet-trainers maintained toileting schedules for each child, took students to the bathroom, and taught appropriate hygiene and self-care skills. The hepatitis paraprofessionals, who were each responsible for one or two students designated as hepatitis carriers, monitored students' behavior throughout the school day; instruction stressed grooming, nasal and oral hygiene, impulse control, interpersonal relations, and responsible behaviors.

Instructional approaches varied somewhat among the sites visited, but most frequently included a hands-on approach and the use of verbal reinforcers. At almost all sites, classroom teachers with whom the paraprofessionals worked, principals, and unit teachers all felt the instruction was effective; over three-fourths of the teachers interviewed reported that their pupils had derived some benefit from the program, and all the paraprofessionals reported progress. Among the gains mentioned were improved self-help skills and more consistent toileting routines, as well as improvements in following directions, attentiveness, and communication. Some teachers and principals suggested that training paraprofessionals in structured behavior modification and task-analysis approaches could further increase their effectiveness.

Both teachers and paraprofessionals described their working relationship as "cooperative" with "good communication." The program paraprofessionals all reported receiving assistance from classroom staff including suggestions from teachers about teaching techniques and behavior modification and help

from the classroom paraprofessionals with toileting when health education paraprofessionals were out of the room.

Records and Pupil Assessment

All paraprofessionals maintained records of their work with individual pupils including reports of progress on selected strands of the Santa Cruz VORT Behavioral Characteristics Progression (B.C.P.) or the Track IV In-Depth Analysis and daily logs of their activities. About one-third of the toilet-trainer paraprofessionals also maintained toileting schedules. All of the daily logs were up-to-date and nearly all were complete. During the current cycle the program introduced a revised format for daily logs which paraprofessionals found helpful and easy to use, although from a review of the logs it appeared that some staff had difficulty distinguishing between short- and long-term goals.

Over half of the paraprofessionals interviewed found the B.C.P. helpful but about one-fourth felt it was not appropriate for their pupils who included physically handicapped, low functioning, or adult retarded students. The two paraprofessionals using the Track IV Curriculum Model and InDepth Analysis found it useful for their students.

Supplies

For the most part, supplies were described as adequate and appropriate. Some paraprofessionals complained about a lack of sanitary napkins, plastic liners, face masks and wash-and-wipes. As of February, four of the 15 sites visited had not received any supplies.

Orientation and In-Service Training

About three-fourths of the paraprofessionals interviewed began work in September; others were assigned during October, November and December. Except for the Track IV paraprofessionals who received orientations from the unit coordinators at their work sites, all staff received orientations individually at the time of hiring. Individual orientations covered program goals, evaluation materials, and record keeping. In addition, Track IV paraprofessionals attended a full-day group orientation in October conducted by the Citywide Track IV coordinator and the program coordinator.

The program coordinator visited all sites to provide individualized in-service training as needed, and conducted three in-service training workshops, held in March and April, which were organized according to the populations served. Responses to the workshops were quite positive; however, staff felt they would have been most useful if they were held earlier in the year. Some of the unit teachers suggested that workshops for program paraprofessionals be scheduled prior to their assignments to the schools.

In contrast to the previous cycle in which many staff were inexperienced, only seven of the paraprofessionals interviewed in the current cycle were newly assigned. According to a number of interviews, this contributed substantially to the success of the program. Staff turn-over, also high last year, was reportedly reduced.

More than half of the classroom teachers interviewed were new to the program and a number of them would have liked more information, particularly about the toilet training process and self-care skills. A few unit teachers suggested that the program provide in-service training for classroom teachers.

Supervision

Day-to-day supervision of the program paraprofessionals was provided by the classroom teachers. Program staff also received input from unit teachers both in the form of direct help and, indirectly, through the classroom teachers. At three of the sites unit teachers met regularly with paraprofessionals and classroom teachers.

Most of the teachers reported that they shared their I.E.P.s with the program paraprofessionals and some encouraged them to examine lesson plans. Over half the teachers helped the paraprofessionals with pupil assessment and some monitored their daily logs. Four of the ten unit teachers said they offered assistance with the B.C.P., Track IV InDepth Analysis, and daily logs.

Parent Contact

About one-third of the paraprofessionals reported that they maintained contact with the pupils' parents in order to reinforce the toilet training and self-help skills. Many paraprofessionals saw a need for better home-school communication and a few suggested holding parent workshops in their schools. According to the program coordinator, all were encouraged to be involved, directly or indirectly, in parent conferences in order to inform students' families of their progress and coordinate home-school efforts at toilet training.

III. EVALUATION OF PUPIL ACHIEVEMENT

EVALUATION METHODOLOGY

The B.C.P. or the Track IV InDepth Analysis were administered on an ongoing basis to measure student growth in the following areas: toileting, grooming, dressing, undressing, eating, drinking, nasal hygiene, oral hygiene, adaptive behaviors, impulse control, interpersonal relations, and responsible behaviors. Program paraprofessionals recorded pupil achievement on O.E.E.- developed data retrieval forms.

FINDINGS

Pupil Population, Services, and Attendance

Data retrieval forms were returned for 363 students; complete data were returned for all but six students. Students' ages ranged from five to 21 years with a median age of about ten. Disability conditions were severe to profound: about one-fourth of the students, 91 or 25 percent, were classified as multiply handicapped; 89 or 24 percent were in classes for autistic students; 75 or 21 percent were in Track IV programs for severely or profoundly retarded students; 53 or 15 percent were classified as emotionally disabled; 33 or nine percent were in classes for the trainable mentally retarded; 12 or three percent were retarded and deaf or hearing-impaired; and ten students, or three percent, were physically handicapped.

Participating students attended the following Citywide Services programs for their basic special education: Autistic Program, 88 students; Track IV, 75 students; Classes for Multiply Handicapped Children, 74 students; Teacher-

Moms, 52 students; Adult Skills Training Centers, 29 students; Occupational Training Centers, 17 students; School for the Deaf, 11 students; and classes for Speech-, Language-, and Hearing-Impaired Children, one student. Programs were not reported for 16 students, including the ten physically handicapped students.

Program participation was quite variable. Approximately one-third of the students or 31 percent, received fewer than 60 days of service; 140 or 40 percent had from 60 to 120 days; and the remainder of those for whom attendance data were reported, i.e., 73 or 29 percent, had over 120 days of service. Average number of sessions was 88 (S.D. = 44.3). These figures reflect the variablity among sites in dates of implementation and variability in frequency of sessions. Total amount of instruction received ranged from 4 to 869 hours (mean = 171.9; S.D. = 171.2).

Pupil Achievement

To determine the amount of achievement by program participants, mastery scores were computed for each student on selected strands of the B.C.P. or, for Track IV students, the Track IV InDepth Analysis. Frequency distributions, which are presented in Tables 1 and 2, indicated that 97.5 percent of the students assessed on the B.C.P. mastered at least one new skill and almost 80 percent mastered four or more; comparable figures for students assessed on the Track IV InDepth Analysis were 100 and 90 percent.

Mastery of new skills was concentrated in a few areas, reflecting the focus of the program. Nearly three-fourths of the students mastered one or more toileting skills, over half mastered grooming skills, and one-third

Table 1

Frequency Distribution of Mastery
on Selected B.C.P. Strands

Number of Skills Mastered	Number of Students	Percent of Population	Cumulative Percent
14 or more	40	14.1	14.1
10 - 13	41	22.4	36.5
9	17	6.0	42.5
8	15	5.3	47.8
7	21	7.4	55.2
6	14	5.0	60.2
5	27	9.6	69.8
4	28	9.9	79.7
3	16	5.7	85.4
2	18	6.4	91.8
1	16	5.7	97.5
0	7	2.5	100.0
	282		

- Nearly all students assessed on the B.C.P. mastered at least one new skill and almost 80 percent mastered four or more. Average number of skills mastered was 7.8.

Table 2

Frequency Distribution of Mastery
As Measured by the Track IV InDepth Analysis

Number of Skills Mastered	Number of Students	Percent of Population	Cumulative Percent
9 or more	31	41.3	41.3
8	17	22.7	64.0
7	4	5.3	69.3
6	5	6.7	76.0
5	5	6.7	82.7
4	5	6.7	89.4
3	4	5.3	94.7
2	4	5.3	100.0
	75		

- All students assessed on the Track IV InDepth Analysis mastered two or more new skills; nearly 90 percent mastered at least four and almost half the students mastered nine or more skills. Average number of skills mastered was 6.9.

mastered dressing skills. Fewer than ten percent were taught and mastered oral or nasal hygiene skills and fewer than five percent were instructed and showed mastery in social-emotional behavior, interpersonal relations, or responsible behaviors. (These data are presented in Table 3.)

Analysis of these data by handicapping condition indicated that the amount and rate of mastery and attendance varied considerably among disability groups. (See Table 4.) The average number of skills mastered ranged from 3.2 for the deaf and retarded students to 11.9 for the trainable mentally retarded students; average attendance ranged from 53.5 days for deaf retarded students to 134.1 days for physically handicapped students.

The average amount of participation required for mastery of each skill by the various groups were as follows: physically handicapped, 20.6 days; multiply handicapped, 17.2 days; emotionally handicapped, 15.4 days; Track IV, 13.5 days; autistic, 12.8 days; and trainable mentally retarded, 12.8 days. The average rate of growth for students assessed on the B.C.P. was one new skill for every 15.1 days of attendance and for those assessed on the Track IV InDepth Analysis it was one skill for 13.5 days.

Table 3

Number of Students Demonstrating Mastery
of One or More Skills in Specific Curriculum Areas
(N = 357)

Area[a]	Number of Students Demonstrating Mastery	Percent of Population
Toileting	258	72.3
Grooming	213	59.7
Dressing	111	31.1
Undressing	54	15.1
Eating	41	11.5
Nasal Hygiene	32	9.0
Oral Hygiene	30	8.4

[a]Areas in which fewer than 20 students demonstrated mastery are not included.

- Instruction was primarily given in the areas of toileting, grooming, and dressing.
- Fewer than 10 percent of the students mastered skills in oral or nasal hygiene and fewer than five percent mastered skills in social-emotional behavior, interpersonal relations, or responsible behavior.

Table 4

Mean Number of Skills Mastered, Attendance, and Rate of Mastery, by Handicapping Condition

Handicapping Condition	(N)	Total Number of Skills Mean (S.D.)	Days in Attendance Mean (S.D.)	Days to Master Each Skill Mean (S.D.)
Multiply Handicapped	(88)	6.1 (4.0)	77.7 (39.6)	17.2 (14.5)
Autistic	(88)	8.0 (4.6)	87.8 (46.5)	12.8 (7.1)
Track IV	(74)	6.9 (2.6)	86.2 (40.1)	13.5 (7.8)
Emotionally Handicapped	(53)	8.8 (5.2)	91.6 (45.6)	15.4 (19.5)
Trainable Mentally Retarded	(32)	11.9 (5.2)	117.2 (38.6)	12.8 (9.5)
Physically Handicapped	(13)	5.6 (4.6)	134.1 (41.3)	20.6 (8.8)
Deaf and Mentally Retarded	(11)	3.2 (1.4)	53.3 (31.9)	16.4 (6.6)
Total	(269)	7.8 (4.9)	87.2 (44.0)	15.1 (13.5)

- Rate of mastery varied substantially among handicapping groups, ranging from an average of about 13 days of attendance to about 21 days of attendance to master each new skill.

IV. CONCLUSIONS AND RECOMMENDATIONS

During the 1982-83 cycle, the Health Education Paraprofessionals program provided individual instruction in self-care and hygiene skills to 363 severely-to-profoundly handicapped students. Student achievement was somewhat improved over the previous cycle in that nearly all (98 percent) of participating students mastered one or more new skills, as measured on selected strands of the B.C.P. or the Track IV InDepth Analysis, and over 80 percent mastered four or more. Comparable figures during the previous cycle were 94 and 60 percent. New skills were mastered at an average rate of about one skill for every 15 days of program participation. Instruction was primarily given in toileting, grooming, and dressing.

Observation and interview data revealed that the program was almost fully staffed by October, a marked improvement over the 1981-82 cycle. Orientations were conducted in October and the program coordinator visited all sites periodically to provide additional individualized training; classroom teachers provided day-to-day supervision of the paraprofessionals. In-service workshops, organized around the handicapping conditions of participating students, were held in March and April.

The following recommendations are offered for the further improvement of this needed supplementary service:

- the program should continue to provide as much in-service training as possible early in the year;
- classroom teachers should be encouraged to continue to advise the health education paraprofessionals in effective training techniques; and
- the program should continue to promote contact with parents in order to reinforce self-care and hygiene training.